

SEALED

52032A

CERTIFICATE OF VITAL RECORD			
VERIFY PRESENCE OF WATERMARK		HOLD TO LIGHT TO VIEW	
3948042		[REDACTED]	
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS			
[REDACTED] - CERTIFICATE OF FOREIGN BIRTH			
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS			
[REDACTED]			STATE BIRTH NUMBER 145-FB- 012012
1. FULL NAME OF CHILD (first)	(middle)	(last)	2. SEX OF CHILD
Baby L	Baby L	Baby L	FEMALE
3. DATE OF BIRTH			
Baby L			
4. PLACE OF BIRTH			
UNKNOWN			
5. FULL MAIDEN NAME OF MOTHER	[REDACTED]		
6. BIRTHPLACE OF MOTHER	[REDACTED]		
7. DATE OF BIRTH OF MOTHER	DOE 2 Date of Birth		
8. FULL NAME OF FATHER	[REDACTED]		
9. BIRTHPLACE OF FATHER	[REDACTED]		
10. DATE OF BIRTH OF FATHER	DOE 1 Date of Birth		
11. ADDRESS OF PARENTS (Street Address or Route No.)	(City or Town)	(State)	(Zip Code)
Baby L	Baby L	[REDACTED]	Baby L
Data shown above based on evidence presented to the Home County COUNTY			
Circuit Court, dated NOVEMBER 10, 2019 .			
THIS CERTIFICATE IS NOT EVIDENCE OF UNITED STATES CITIZENSHIP FOR THE CHILD OR PARENTS NAMED ABOVE.			
I hereby certify that this certificate is filed under provisions of Sections [REDACTED], 1950 [REDACTED] as Amended.			
STATE REGISTRAR [REDACTED]		DATE RECORD FILED NOVEMBER 10, 2019	
This is to certify that this is a true and correct reproduction or abstract of the official record filed with the [REDACTED] Department Of Health, [REDACTED]			
DATE ISSUED		NOVEMBER 10, 2019	
Do not accept unless on security paper with the seal of [REDACTED] Department of Health, Vital Statistics in the lower left hand corner. [REDACTED]			

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED